

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101599214

FILING DATE

09-22-2006

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5	(1)			1		
6	(1)	(1)		1		
7	(1)			1		
8	(1)	(1)		1		
9	(1)			1		
10	(1)	(1)		1		
11	(1)			1		
12	(1)	(1)		1		
13	(1)			1		
14	(1)	(1)		1		
15	(1)			1		
16	(1)	(1)		1		
17	(1)			1		
18	(1)	(1)		1		
19	(1)			1		
20	(1)	(1)	1			
21	(1)			1		
22	(1)	(1)		1		
23	(1)			1		
24	(1)	(1)		1		
25				1		
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50						
TOTAL IND.	1	↓	2	↓		↓
TOTAL DEP.	25	←	24	←		←
TOTAL CLAIMS	26		26			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						